

OTA Swan Song Has Many Verses

A victim of the budget ax, the Congressional Office of Technology Assessment (OTA) closed its doors September 29, 1995 but lived on in the 20 reports it issued just before and just after its demise.

In an 11th-hour flurry of issuances, the 23-year-old nonpartisan analytical agency reported on—the transformation of health care delivery by information technology, Federal technology transfer and the human genome projects, liability as one of many deterrents to AIDS vaccine development, and chemical screening in commerce.

The report on information technologies and health care delivery said that innovations such as computer-based patient records, hospital information systems, computer-based decision support tools, community health information networks, telemedicine, and new ways of distributing health information to consumers are beginning to affect the cost, quality, and accessibility of health care.

The technologies for collecting, distilling, storing, protecting, and communicating data, however, have developed in scattered islands of automation, usually limited to discrete departments within hospitals. Computers are widely deployed but not widely connected, said OTA. According to the report, "Bringing Health Care Online: The Role of Information Technologies," connections between these islands are forming rapidly as managed care and other new health care delivery patterns

emerge that are supported by, and in some cases reliant on, the widespread use of networked computers and telecommunications. Information technologies are breaking down organizational barriers between care providers, insurers, medical researchers, and public health professionals.

OTA found that, within the next decade, consumers will increasingly access and evaluate health information through electronic resources such as Internet World Wide Web sites. Through innovations such as telemedicine, they will begin to receive some health care services without directly visiting their physicians. Information technologies are likely to contribute to a reconfiguration of the job functions, status, and responsibilities of health professionals. In addition, new capabilities such as fully automated business transactions, electronic dissemination of professional journals, and the use of computer analyses to optimize care delivery practices may help increase the quality and reduce the cost of health care services.

In the paper on Federal technology transfer and the Human Genome Project, OTA said overall, Federal technology transfer related to life sciences research—the conversion of scientific knowledge into commercially useful products—has proved to be beneficial financially to universities and companies. But the principal benefit thus far to industry, academia, and Federal laboratories centers on non-income measures.

Public funding launched and still largely supports the Human Genome Project. Nevertheless, OTA found that

private sector interest and investment in genome research has escalated over the past two years, as its Federal funders intended.

Whether financially measurable benefits exceed qualitative benefits of Federal technology laws and policies from the Human Genome Project remains to be seen, said the OTA report.

The potential for liability from adverse reactions to AIDS vaccines is not the only deterrent to investment in AIDS vaccine development, nor is it the most important one, according to the OTA background paper.

Biomedical technology companies and others have agreed that this potential for liability has discouraged investments in AIDS vaccine development. But OTA identified more than two dozen AIDS vaccines in clinical trials and almost 50 AIDS vaccines in preclinical development.

Little is known about what adverse reactions may occur from the vaccines. But scientists can predict, with varying degrees of certainty, said OTA, what adverse reactions may be expected from a particular AIDS vaccine, based on theory, the vaccine's design, the results of laboratory and animal experiments, as well as results of clinical trials in humans. Even after completion of clinical trials of an AIDS vaccine in humans, however, little will be known about the vaccine's long-term side effects and about rarely occurring adverse reactions to the vaccine.

OTA found that vaccination against AIDS may result in "social" adverse consequences. Because AIDS vaccine recipients may be socially stig-

matized and subject to discrimination on account of vaccination, informed consent and protection of confidentiality of AIDS vaccine recipients is especially important, OTA found.

Currently, the greatest barrier to the development of an AIDS vaccine is the difficulty of the science involved, OTA found, but the potential for liability from adverse reactions to AIDS vaccines may become a more important barrier after an effective vaccine is discovered.

In the background paper, "Screening and Testing Chemicals in Commerce," OTA reported on its April 1995 workshop held to explore whether new approaches would allow a more rapid screening of the existing inventory of chemicals potentially regulated under the Toxic Substances Control Act.

New reports on the following subjects were expected after the OTA shutdown:

- Advanced Automotive Technology
- Environmental Policy Tools: A User's Guide
- Environmental Monitoring for Nuclear Safeguards
- Challenges for U.S. Agricultural Research Policy
- Targeting Environmental Priorities in Agriculture: Reforming Program Strategies
- Gauging Control Technology and Regulatory Impacts in Occupational Safety and Health—An Appraisal of OSHA's Analytic Approach
- Impacts of Antibiotic-resistant Bacteria
- Risks to Students in School
- The Technological Reshaping of Metropolitan America
- Biologically Based Technologies for Pest Control
- Fish Passage Technologies: Protection at Hydropower Facilities
- Education and Technology: Future Visions

- Innovation and Commercialization of Emerging Technologies
- Improving the Prospects for Future International Peace Operations (Workshop Proceedings)
- Global Communications: Opportunities for Trade and Aid
- Nuclear Wastes in the Arctic: An Analysis of Arctic and Other Regional Impacts from Soviet Nuclear Contamination.

Copies of OTA publications may be obtained from the Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7974; tel. 202-512-1800; fax 202-512-2250.

Publications are also available in paper or microfiche from the National Technical Information Service (NTIS). To confirm prices and to order, call 703-487-4650; for rush orders call (1-800) 553-NTIS.

OTA reports and background papers will be available for study at the University of Maryland (College Park), George Mason University in Fairfax, VA, and the University of California-Santa Barbara.

Electronic versions of 1994 and 1995 reports are available on OTA Online, the agency's Worldwide Web site <<<http://www.ota.gov>>>. Effective November 1, 1995, OTA Online was to be mirrored by the following web sites: the Government Printing Office <<<http://www.access.gpo.gov/ota>>> the National Academy of Sciences <<<http://www.nas.edu>>> and the Woodrow Wilson School of Public and International Affairs at Princeton University <<<http://www.wws.princeton.edu>>>.

OTA is also preparing an archival set of CD-ROMs that will be available early in 1996. The set will include all reports produced by the agency over its history, packaged along with much of the information currently available via OTA Online and some additional historical material. It is intended to be a fully indexed collection, accessed via a Web browser such as Mosaic or Netscape and including all OTA reports in portable

document format (PDF) readable via Adobe's Acrobat reader software that will also be packaged with the collection.

WHO and the State of Maryland Sign Pact to Improve Poor's Health

In an unprecedented accord between an international organization and one of the 50 States of the United States, the World Health Organization (WHO) and the State of Maryland have signed a three-year agreement to share expertise and experience to improve the health of the citizens of the world's poorest nations.

Through the partnership, Maryland will share its technical expertise with WHO, and the international agency will contribute advice and counsel to help Maryland address public health problems related to poverty.

"Maryland has extensive public and private expertise in public health policy and programming. It now wishes to expand its resources through joint projects addressing health services to underserved populations," said Dr. Michel Jancloes, Director of WHO's Division of Intensified Cooperation.

The Memorandum of Understanding between WHO and the Maryland Department of Health and Mental Hygiene (DHMH) states that they "share mutual interests in developing appropriate and cost-effective strategies for reducing the incidence of illness and disease in underserved populations." Collaboration is expected to have important benefits for Maryland by developing additional expertise in public health technologies, research findings, and prevention initiatives.

Possible areas of collaboration include hospital management, disease control and immunization, human resource management, organization of health care systems, health care financing, and others.

Health Care Will Be Easier—and Better—for Southwest Idaho

By 1999, the 250,000 residents of four southwest Idaho counties should be among the nation's most well-informed health care consumers through a project to expand their ability to make good health care decisions, both at home and in partnership with their doctors.

The project will be conducted by Healthwise, Inc., a not-for-profit organization that develops programs to help people better care for health problems. It will be funded in part by a \$2.1 million grant from The Robert Wood Johnson Foundation.

The three-year, \$4-million demonstration project will bring together employers, insurers, clinical care providers, and public health professionals in a unique communitywide intervention program. Some organizations, including Blue Cross of Idaho and MSB Blue Shield of Idaho, already have made commitments to support the project.

Although a number of managed care organizations provide self-care books and counseling services to their members, such a comprehensive educational effort has never been attempted community-wide.

The project, which will begin in 1996, will encourage patients to become better users of the health care system through five services:

- a clearly written, state-of-the-art self-care handbook for every home in Ada, Boise, Elmore, and Valley counties that supports the working relationship between patients and their doctors;
- toll-free access to a team of nurse care counselors who will make consumers more knowledgeable about their health problems and treatment options;
- 60-minute consumer workshops on self-care skills;
- training for 200 of the area's 500 physicians in how to work more effectively in partnership with patients; and
- self-care resource centers at four county libraries, 10 provider facilities, and 15 employer or community locations.

These efforts will be augmented by a training program for 200 local physicians in how to support their patients in self-care and decision-making. A videotape will be prepared for physicians, highlighting their supportive role and the communications skills needed to encourage patients.

A team of care counselors will be available by telephone to discuss health problems and treatment options with consumers. They do not diagnose or recommend treatments or come between patient and physician. Their role is to promote the patient-provider relationship by encouraging good communication, candor, and cooperation.

The nurse-counseling service is enriched by a comprehensive, computerized information base on 400 health-related topics through software developed by Healthwise. The toll-free telephone consultation service will be available to families in the four-county area by fall 1996.

The Healthwise self-care project will be evaluated by an independent research team based at the Oregon Health Sciences University. The evaluation, also funded by the Foundation, will assess the project's impact on consumer attitudes, satisfaction, and health services use and costs.

NIGMS Establishes World Wide Web Home Page

Biomedical researchers and others interested in basic research now have World Wide Web access to the National Institute of General Medical Sciences (NIGMS), a component of the National Institutes of Health.

The NIGMS home page targets scientists interested in grant information, journalists interested in the results of Institute-supported research, and those interested in non-technical descriptions of certain areas of science.

Information on the home page is organized into the following categories:

- About NIGMS—general information, descriptions of the five divisions;
- News—announcements, press releases, feature articles, and issues of "Minority Programs Update;"
- Funding Information—program announcements, grant mechanisms, application dates, information about NIGMS- and NIH-funded grants;
- NIGMS Staff—Organizational list and alphabetical list with links to on-line NIH directory;
- Visitor Information—NIH campus and area maps, subway map;
- Science Education—explanation of the importance of basic research, general information about pharmacology, and, in the future, other biomedical areas; and
- Resource Links—connections to other biomedical resources on the Internet, including protein and nucleic acid databases, organism-specific databases, and molecular modeling resources.

The NIGMS World Wide Web Home Page can be reached at <<<http://www.nih.gov/nigms/>>>.

Additional information can be obtained from Alisa Zapp, tel. 301-496-7301; or e-mail <<webmaster@gml.nigms.nih.gov>>.

NIH Publishes 2nd Edition of "Diabetes in America"

The U.S. National Diabetes Data Group of the National Institutes of Health has published a compilation

and assessment of the scope and impact of diabetes in the United States entitled "Diabetes in America, 2nd Edition."

The book's 36 chapters, written by recognized experts, address the descriptive epidemiology of diabetes, complications of the disease, characteristics of therapy and medical care for diabetes, economic aspects, and diabetes in special race-ethnic populations. The volume is 781 pages and includes 345 tables, 396 figures, 150 appendices, and an index.

"Diabetes in America, 2nd Edition" can be obtained for \$20 (postage and handling charge) from The National Diabetes Information Clearinghouse, National Institute of Diabetes and Digestive and Kidney Diseases, One Information Way, Bethesda, MD 20892-3560; tel. 301-654-3327.

Global Immunization of Children on the Rise, Saving 3 Million Annually

Following a drop-off in 1991 and three subsequent years of flat growth, worldwide immunization of children is now increasing again, according to newly released figures from the World Health Organization (WHO).

Data collected by the WHO Global Programme on Vaccines and Immunization (GPV) show that global immunization coverage rates for childhood diseases rose to 80 percent or more during 1994, the sole exception being for measles. That is nearly the same level as in 1990, the year of the World Summit for Children, when immunization rates reached their all-time peak.

Significantly, the number of new polio cases reported to WHO in 1994 fell below 10,000 for the first time ever, to slightly more than 7,500 cases. Because the disease is under-reported,

however, WHO estimates the real number of cases may be as high as 90,000.

The biggest improvements during the past year were achieved in the African region, where immunization coverage rates increased by up to five percentage points for selected diseases to in excess of 50 percent overall. Coverage for measles vaccine is now higher on average in African countries than in Italy, and higher for DPT than in Germany.

As a result of worldwide efforts to immunize children, WHO estimates that in 1994 alone almost three million child deaths were prevented from tuberculosis, diphtheria, pertussis, tetanus (including neonatal tetanus), polio, and measles.

WHO calculates, however, that almost two million children died in 1994 from just three vaccine-preventable diseases—more than one million from measles, nearly 500,000 from neonatal tetanus, and the remainder from whooping cough.

In Southeast Asia, immunization coverage has been rising steadily since 1990. Last year more than 90 percent of children younger than one year in the region were immunized with the BCG, DPT and polio vaccines and 85 percent with measles vaccine.

Immunization coverage has risen in the Americas, Western Pacific, and Europe, but there has been a slight drop in the eastern Mediterranean region (measles excepted).

There was another sharp rise in the world-wide number of diphtheria cases in 1994, from almost 32,000 reported cases during 1993 to more than 54,500 cases in 1994. The rise was largely accounted for by a major epidemic in the Newly Independent States of the former Soviet Union, in particular the Russian Federation and Ukraine. Since 1990, the number of cases in the region has soared from 3,000 plus to more than 47,000 cases annually.

One of the major reasons for the outbreak is low immunization coverage compounded by economic upheaval in some of the most affected countries. WHO and UNICEF have declared the epidemic an international health emergency.

Radio Is Surprising Key to Reaching Underserved

With more than \$2 million in grants from The Robert Wood Johnson Foundation, three community radio networks will strengthen their coverage of national and regional health care as it affects special groups of Americans.

Radio Bilingue, Inc., Koahnic Broadcast Corp., and High Plains News Service will continue their efforts to make health care information available to special groups nationwide—people who speak Spanish, Native Americans, and people living in rural areas.

"For many Americans, isolated by geography, language or culture, radio can be an important link to the world, and an important way to get health care information across," said Vicki Weisfeld, Foundation communications officer overseeing the three projects. "In this age of the Information Superhighway, it turns out that one of the old country roads—radio—is still perfectly usable and effective."

Radio Bilingue—the only national Spanish-language radio news service in the United States—reaches half a million Spanish-speaking people weekly with news and information programming.

The service covers issues facing Cubans living in Miami, Puerto Ricans in New York, Latino farmworkers in California and the Southwest, El Salvadorans, Colombians, people from the Caribbean islands, and many other Spanish-speaking groups.

In pursuit of this goal, Radio Bilingue will use its \$568,400 renewal grant not only to cover health stories in its daily news service, *Noticiero Latino*, but also for the once-a-week national health feature of its new daily national call-in program, *Linea Abierta*.

A second, similar project will be conducted by National Native News (NNN), the only nationwide news service for Native Americans and Alaska Natives. The Foundation's \$491,878 renewal grant to support National Native News was awarded to NNN's parent organization, the Native-owned Koahnic Broadcast Corp., based in Anchorage, AK.

With these grant funds, NNN will continue its award-winning health reporting and will train Native American journalists and non-Native journalists covering Native American issues. The Foundation grant also will enable one day a week of NNN's daily call-in program, "Native America Calling," that debuted in April 1995, to be devoted to health and health care.

Finally, through a \$150,000 renewal grant, High Plains News Service will continue its health reporting. Based in Billings, MT, the service is a project of the Western Organization of Resource Councils, which received the Foundation grant. Under its previous Johnson grant, High Plains produced a five-part series on health care that won a Golden Reel award from the National Association of Community Broadcasters in 1995, the industry's highest award.

High Plains reaches stations in virtually every State west of the Mississippi River. Although the audience is primarily rural, High Plains is carried by stations in a number of State capitals, too. The grant also will training opportunities for reporters in covering rural health care issues. It also will provide training opportunities under the grant.

New Book Features Brain Symposia Papers

Eleven papers from symposia cosponsored by the Library of Congress and the National Institute of Mental Health of the National Institutes of Health have been published in a new volume, "Neuroscience, Memory, and Language." The symposia were held to mark the Decade of the Brain, proclaimed by President George Bush in 1990.

Nobel laureate Gerald Edelman wrote in the new book, "A knowledge of brain science will provide one of the major foundations of the new age to come. That knowledge will spawn cures for disease, new machines that are based on brain function, further insights into our nature and how we know. There is no better ground for hope in things human."

The volume describes current research into the brain's role in learning, memory, and language and considers the relationship between the physical brain and the workings of the mind.

Scientists have learned nearly 90 percent of what they know about the brain in the past 10 years, thanks to revolutionary advances in molecular biology, biomedical imaging, structural chemistry, immunology, psychology and computer science.

The papers in "Neuroscience, Memory, and Language" describe—in language aimed at the nonspecialist—progress in understanding brain functions and human behavior.

"Neuroscience, Memory, and Language" can be ordered for \$26 with MasterCard or Visa from the Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954; tel. 202-512-1800; fax 202-512-2250. Checks should be made payable to the Superintendent of Documents and the stock number SIN 030-001-00149-1 should be included with payment.

Clinical Practice Guidelines Now on CD-ROM for Libraries

Clinical practice guidelines—widely used by physicians and other health care providers as guides to the best scientifically based clinical treatments—are now available on CD-ROM. They are sponsored by the Agency for Health Care Policy and Research (AHCPR) of the Public Health Service.

Documents based on these practice guidelines, including quick reference guides and patient booklets, are also available on the same CD-ROM disk. This new product was specifically developed for use by medical libraries.

CD-ROM users can read guideline text on their computer screens, and they can pull up images of large tables or figures that appear in the documents. In addition, the entire guideline, or selected portions, can be printed. The texts and images can be downloaded to users' computers, where they can be adapted to suit the information needs or circumstances of the organization.

The CD-ROM features the first 15 guidelines released by AHCPR. All versions of each guideline are included. Each clinical guideline presents recommendations for health care providers on patient assessment and management for a selected clinical condition, including supporting information, tables and figures, and pertinent references.

The quick reference guide for clinicians summarizes key points for ready reference in patient care, and the consumer guide (English version), written in lay language for the general public, provides basic information on the condition for patients and families to increase their knowledge and involvement in health care decisions.

Guideline titles and topics include

- Acute Pain Management: operative or medical procedures and trauma

- Urinary Incontinence in Adults
- Pressure Ulcers in Adults: prediction and prevention
- Cataract in Adults: management of functional impairment
- Depression in Primary Care (2 volumes): detection and diagnosis, and treatment of major depression
- Sickle Cell Disease: screening, diagnosis, and management
- Evaluation and Management of Early HIV Infection
- Benign Prostatic Hyperplasia: diagnosis and treatment
- Management of Cancer Pain
- Unstable Angina: diagnosis and management
- Heart Failure: evaluation and care of patients with left ventricular systolic dysfunction
- Otitis Media with Effusion in

Young Children

- Quality Determinants of Mammography
- Acute Low Back Problems in Adults
- Treatment of Pressure Ulcers

CD-ROM disks with AHCPR-sponsored clinical practice guidelines are available at all 600 Federal Depository Libraries located throughout the country and at many medical libraries in hospitals, universities, and managed care organizations. CD-ROM users must have an IBM-compatible personal computer, with MS-DOS 3.1 or higher, and a CD-ROM drive with MS-DOS extensions 2.0 or later that is capable of reading ISO 9660 format.

Medical libraries may request a free copy of the CD-ROM by calling 301-

594-1364, ext. 165 or by sending an e-mail request to <<cdrom@po5.ahcpr.gov>>. Copies are not available for individual sale.

Lupus Education Kit for Black Women Available from NIAMS

“What Black Women Should Know About Lupus: Ideas for Community Programs” is a new health education kit available to help communities organize lupus awareness activities for young black women.

The kit, produced by the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), offers ideas for activities that alert women to the signs of lupus. The aim is to encourage them to seek advice from a qualified physician.

The health education kit explains how to develop a lupus awareness program for members of the community, work with the local media, find additional resources, and use the camera-ready materials that are included in the kit.

NIAMS is urging community groups to work together, organize events, and distribute lupus education materials at workplaces, in churches, and in other community settings.

Women who think they may have lupus should be examined by a physician and tested for the disease. Lupus is a serious health problem that mainly affects young women. Although people of all races may get lupus, it has a three times higher incidence, prevalence, and mortality rate in black women than in white women. As many as 1 in 250 black women will develop lupus.

The lupus education kit is available free from Lupus Kit, NAMSIC, National Institutes of Health, 1 AMS Circle, Bethesda, MD 20892-3675; tel. 301-495-4484; fax 301-587-4352.

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